

**PATENT**

**UNITED STATES PATENT AND TRADEMARK OFFICE**

IN RE APPLICATION OF: STEPHEN R. GLASER

APPLICATION No.: 10/718,614

FILED: NOVEMBER 24, 2003

FOR: **METHOD AND APPARATUS FOR  
PERFORMING VISION SCREENING**

EXAMINER: MANUEL, GEORGE C.

ART UNIT: 3762

CONF. No: 1603

Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313-1450

**TRANSMITTAL**

☒ Transmitted herewith are the following documents for the above-referenced application:

☒ Response to the Non-Final Amendment

**STATUS**

☒ Applicant is:

☒ small entity.

**EXTENSION OF TIME**

☒ Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

	Extension (months)	Fee for other than <u>small entity</u>	Fee for <u>small entity</u>
<input type="checkbox"/>	one month	\$ 120.00	\$ 60.00
<input checked="" type="checkbox"/>	two months	\$ 450.00	\$225.00

☐ Applicant believes that no extension of time is required. However, this conditional petition is hereby made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

☒ If an additional extension of time is required please consider this a petition therefor.

☐ An extension for \_\_ months has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested: No Extension fee due with this request

**FEE FOR CLAIMS**

☒ The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY Filing Fee: \$150.00	OR	OTHER THAN A SMALL ENTITY Filing Fee: \$300.00		
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	Rate	Addit. Fee	
Total *	18	Minus	20	=	x25=	\$	x500=	\$0	
Indep. *	3	Minus	4	=	x100=	\$	x200=	\$0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+180=	\$	x360=	\$0	
					TOTAL ADDIT. FEE	\$	OR	TOTAL ADDIT. FEE	\$0

- ☒ No additional fee for claims required.  
☐ Total additional fee for claims required \$0.00

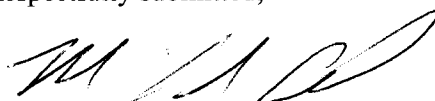
#### FEE PAYMENT

- ☐ Attached is check No. \_\_\_\_\_ the sum of \$ \_\_\_\_\_ as payment for \_\_\_\_ ( ) month extension.  
☒ Charge Account No. 50-2283 the sum of \$225.00.

#### FEE DEFICIENCY

- ☒ The Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2283 (61538-8001).

Respectfully submitted,



Michael A. Oblon  
Registration No. 42,956

Date: June 12, 2006

#### Correspondence Address:

Perkins Coie LLP  
607 14<sup>th</sup> Street, Suite 800  
Washington, DC 20005  
Telephone: (202) 434-1607  
Facsimile: (202) 654-9138  
E-Mail: MOblon@perkinscoie.com